UNIVERSITY of INDIANAPOLIS®

School of Occupational Therapy

Title: Implementation of an Occupation-Based Screening Tool at Eskenazi Health- EMBRACE Program to Improve Occupational Therapy Referrals

Taylor Henson

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Under the direction of the faculty capstone advisor:

DeAnna Wesley, EMBRACE Program Director

Abstract

There is currently no developed screening tool indicating occupational performance deficits and the need for referrals to OT in the cancer survivor population. This paper reviews the implementation of the SOCS-OTS at Eskenazi Health, which is a recently developed content valid, occupation-based screening tool. Researchers have shown the need for OT services in oncology. However, OT services are underutilized. I partnered with the EMBRACE program within Eskenazi Health and administered the SOCS-OTS to oncology patients to improve OT referrals. I tripled the amount of OT referrals and generated possible profits for the hospital through these referrals. I was also able to train social workers within the EMBRACE program on administering the SOCS-OTS so we can continue to improve referral rates. We, as healthcare professionals, must continue to advocate for OT services and OT's role in oncology care to enhance the quality of life for cancer survivors.

Introduction

Eskenazi Health is a level one trauma center located in downtown Indianapolis. This hospital is a 315-bed facility that is well known for its particular emphasis on vulnerable populations of Marion County. Within Eskenazi Health, a program called 'EMBRACE' reaches out to newly diagnosed cancer patients, helping them through the emotions and confusion that come with a cancer diagnosis (Eskenazi Health, 2016). The EMBRACE team also provides encouragement and addresses many cancer survivors' concerns (Eskenazi Health, 2016). Three social workers make up the EMBRACE team that works closely with the oncologists, dieticians, nurses, and other healthcare professionals. The EMBRACE program has close ties with many community resources, such as Little Red Door and Meals on Wheels. The EMBRACE program also utilizes grants to help fund resources, such as Lyft, and provides vouchers for meals, transportation, and prescriptions.

For my project, I will be screening cancer survivors in the oncology clinic alongside the social workers using the Screen of Cancer Survivorship - Occupational Therapy Services (SOCS-OTS). The SOCS-OTS is a recently developed content valid, occupation-based screening tool that can be used to improve occupational therapy (OT) referrals. Survivors experience many side effects of treatment that may impact occupational performance and overall quality of life (Brekke et al., 2019). OT practitioners are skilled in addressing these late side effects and occupational performance deficits for improved overall quality of life in cancer survivors. Although survivors face performance deficits resulting from cancer treatment, many physicians do not refer them to OT services. Pergolotti et al. (2014) found that only 32% of their total sample had a referral OT within the first two years of their cancer diagnosis.

In this paper, I will further discuss how the implementation and training of staff on an occupation-based screening tool for cancer survivors support the mission of Eskenazi Health.

Background

As of 2016, researchers estimated that there were 15.5 million cancer survivors in the United States and that by the year 2026, that number will rise to 20.3 million (National Cancer Institute, 2018). Researchers define a cancer survivor as anyone with or who had cancer from diagnosis to the end of life (National Cancer Institute, 2019). As the number of cancer survivors increases, it is essential to consider what factors may impact their quality of life following cancer treatment. Researchers indicated that quality of life was inversely related to occupational performance deficits, which can occur due to side effects of cancer treatment such as fatigue, pain, sensory loss, and cognitive impairments (Brekke et al., 2019). Occupational performance is the accomplishment of an occupation which is a purposeful activity that has meaning to the individual (American Occupational Therapy Association, 2014).

In 2006, the Institute of Medicine (IOM) called for the implementation of cancer survivorship recommendations and plans to improve care coordination and follow-up care and assure patient outcomes. The American Society of Clinical Oncology (ASCO) Survivorship Care Plan (SCP) is a document that includes a treatment summary and follow-up care plan to improve communication and coordination of care for cancer survivors. It helps patients track check-ups or follow-up tests, maps out possible late side effects of treatment, and provides ideas for staying healthy (Centers for Disease Control and Prevention, 2018).

The ASCO SCP addresses concerns related to emotional and mental health, physical functioning, memory or concentration loss, fatigue, parenting, school/work, and sexual functioning. However, the SCP in care coordination does not include various life activities

(occupations) that researchers found cancer survivorship impacts (American Society of Clinical Oncology, 2019). Researchers have recommended an occupational participation approach to cancer survivorship care to address gaps in care (Yim Loh & Jonsson, 2016). Side effects of cancer treatment impact every category of occupation, including ADLs (Activities of Daily Living), IADLs (Instrumental Activities of Daily Living), rest and sleep, work, leisure, and social participation (American Occupational Therapy Association, 2014). Although survivors face performance deficits, many do not receive referrals to OT services.

After completing the needs assessment at my site, I found that the primary goal of the EMBRACE clinic is to remove barriers to care for cancer survivors, and often the most significant obstacle for the patients is transportation. I also found that Eskenazi Health does not provide cancer survivors with a SCP. Cancer survivors face a variety of physical and psychosocial deficits due to cancer treatment. However, many patients' needs are not being taken care of because they are not getting OT referrals. There is no OT on staff in the outpatient oncology clinic, and many healthcare professionals working in this clinic do not know the role of OT in oncology care. Additionally, there are very few oncology referrals to outpatient OT. All of the information gained from the needs assessment confirmed that my project is necessary at this site to help cancer survivors improve their quality of life through an occupation-based screening to help them with their occupational performance deficits.

Currently, there are no developed screening tools indicating the need for referral to OT in survivorship care. Therefore, researchers have not written on this specific topic. However, researchers have discussed the need for OT and advocacy for OT in oncology care. While many researchers have called out the need to advocate for the OT profession and our services, there is little evidence about the effectiveness of advocating for OT services. Some researchers have

suggested that individuals advocate for more OT referrals by educating the multidisciplinary team on the unique skill set of the OT profession (Sleight & Duker, 2016). Researchers also believe that we may be successful in increasing the amount of OT referrals by educating other health professionals on the fact that OT does physical treatment and psychosocial (Sleight & Duker, 2016). My work differs from other research because not only will I be advocating for OT in oncology care, but I will also be implementing an occupation-based screening tool, which other researchers have not yet done.

Models Used to Guide My Project

One model I chose to guide my DCE is the Canadian Model of Occupational Performance (CMOP). I chose this because of its focus on the Person, Environment, and Occupation. I also chose this model because of its emphasis on the client's human spirit. The Person component is affected by cancer treatment because survivors face various physical and cognitive side effects, such as impaired memory, concentration, and energy (Hwang et al., 2015). The Occupation component is also affected by cancer treatment because it affects their ability to complete meaningful occupations, such as personal care, work, and socialization (Hwang et al., 2015). The Environment component is affected because this is where survivors perform their various occupations, and an environment can be beneficial or harmful to helping a survivor complete their occupations. The Environment component is also affected because I will be working in an outpatient clinic, and survivors now must learn to be independent again and manage their side effects (Cole & Tufano, 2008). Cancer survivors face various side effects before, after, and during cancer treatment, which affects the Person. Due to the Person being affected, that also affects Occupation and Environment. While completing my DCE project, it is

essential to consider all parts of the cancer survivor. It is also vital that I determine the driving force for each survivor and keep that at the center of my focus.

Another model I chose to guide my DCE is the Emergency Severity Index (ESI), a triage tool for emergency department care. Triage nurses use ESI to categorize patients into five different levels based on the patient's condition. Nurses use level one for most urgent patients and use level five for patients that are least urgent (Adler et al., 2019). Researchers have found that this rapid sorting method can improve patients' flow through the emergency department (Adler et al., 2019). This model relates to my project specifically because I used a triage model when deciding which oncology patients to refer to outpatient OT services. After discussion with the outpatient rehabilitation manager, she reported that her staff already has a full caseload but would be willing to have me send the oncology patients to her that are most in need of OT services. Therefore, I used a triage-based system to determine which patients' OT needs were most urgent and least urgent and sent a reasonable number of referrals to the outpatient rehabilitation team.

Project Design

After examining the literature and talking with stakeholders at my site, I realized the need to implement the SOCS-OTS to determine occupational performance deficits that cancer survivors face. I discussed the referral process with stakeholders and used a triage system to get referrals to outpatient rehabilitation services. Through discussion with stakeholders, we concluded that I would find the most vulnerable patients in need of OT and have the oncologist put in an order for an OT referral. Then, I would send a list of the patients' names to the outpatient rehabilitation manager to help set up appointments. I also briefly educated the

outpatient physical therapist (PT) working with post-mastectomy patients on using the SOCS-OTS to screen for OT services for those patients that have only been referred to PT. Lastly, I trained and educated social workers on the EMBRACE team on using the SOCS-OTS for sustained regular OT screening. Additionally, I created a VoiceThread of my educational training on the SOCS-OTS, in case there is turnover within the EMBRACE team.

The outcome assessments that I have chosen are formative and summative evaluations. For the formative evaluation, I looked at the number of referrals for OT services before and after the implementation of SOCS-OTS. The formative evaluation also consisted of a pretest and posttest of the EMBRACE social workers' knowledge on OT referrals before and after an educational training on the SOCS-OTS. The summative evaluation consisted of having the EMBRACE social workers give feedback on the educational training I have provided. Specifically, I asked if there are any improvements I can make to help deepen their understanding of the SOCS-OTS and OT referral process.

Project Implementation

Before implementing my project, I had to figure out how the referral process would work if a patient were to show the need for OT services. After talking with the outpatient rehabilitation manager, there was some pushback from her about sending her referrals. She reported that this was because the therapists already have a substantial caseload. It was initially a challenge to get this stakeholder on board. However, after a meeting with her, my site mentor, and my faculty mentor, we were able to develop the solution of using a triage approach. By having this meeting, we were able to get everyone on the same page. In this meeting, my faculty mentor and I were further able to discuss the creation of the screening tool, OT's role in oncology, and the need for increased OT referrals for oncology patients. After this discussion and getting a better

understanding of my project, the outpatient rehabilitation manager was willing to help get oncology patients in for an OT evaluation. I then began screening oncology patients using the SOCS-OTS and triaging which patients were most in need of OT services. See Appendix A for SOCS-OTS questionnaire. After triaging, I requested a referral for outpatient OT services from the patient's oncologist via an in-basket message on EPIC. I initially thought it would take the oncologist a while to put the referral in or felt that they would question my judgment. However, they were quick and agreeable to put the referral in, which helped the success of my project. Then, I would send the patient's name to the outpatient rehabilitation manager via an in-basket message and she would reach out to the patient to schedule appointments.

Additionally, I created an educational training PowerPoint on what OT is, OT's role in oncology, and how to administer the SOCS-OTS for the EMBRACE team. Then I made a VoiceThread with this PowerPoint due to having difficulties getting all EMBRACE team members in the same place at the same time. It was also beneficial to create this VoiceThread for the EMBRACE team if there was any staff turnover and to support the sustainability of this referral program. In this case, the new staff members would also be able to watch this presentation and better understand OT's role and how to administer the screening tool. Before sending out the VoiceThread, I sent out a pre-test for the EMBRACE team to complete and then sent out the post-test for them to complete after watching the presentation.

Project Outcomes

The assessment tool I used for my project was the Screen of Cancer Survivorship - Occupational Therapy Services (SOCS-OTS). I chose to use this recently developed occupation-based screening tool because I realized that there were oncology patients with occupational performance deficits after completing the needs assessment. However, nobody talked to them

about these deficits, and they were not getting OT referrals for their occupational performance needs.

Before implementing an OT referral program, over a 60-day period there were only two referrals to outpatient OT services for oncology patients. After implementing the OT referral program by using the SOCS-OTS, I was able to screen 50 oncology patients in 45 days and obtain six referrals to outpatient occupational therapy services. By implementing the SOCS-OTS, I was able to generate a 200% increase in referrals. See Table 1 for data. In a shorter time, I was able to triple the number of referrals for occupational therapy.

Table 1

Screening Period Dates:	Screening Period Number of Days:	Number of Individuals Screened:	Number of OT Referrals:
12/2/2021-1/31/20222	60	N/A	2
1/31/2022-3/18/2022	45	50	6

As I was implementing the SOCS-OTS, I looked into the most common payer sources at Eskenazi Health. I found that 25% of patients at this site have Medicaid, 26% have Medicare, 20% have Healthy Indiana Plan (HIP), 12% have Health Advantage/Self-Pay, 14% have commercial insurance, and 3% have other.

Along with payer sources, I also discussed the profits generated from OT evaluations with the outpatient rehabilitation manager. The hospital profits $170.00 for Medicaid evaluations, $96.00 for Medicare evaluations, $0.00 for Health Advantage evaluations, and $102.00 for evaluations for those that are employed by Eskenazi that need therapy. See Table 3 for the breakdown of profits generated from the six referrals for OT services that I obtained.

When totaling the possible profits generated from the six referrals, I found that it would be $804.00.

Table 3

Patient:	Patient's Pay Source:	Possible Profit from OT Evaluation:
Patient 1	MDWISE HIP	$170.00
Patient 2	UNITED HEALTHCARE MEDICARE	$96.00
Patient 3	ANTHEM HIP	$170.00
Patient 4	AETNA MEDICARE	$96.00
Patient 5	ANTHEM HIP	$170.00
Patient 6	UMR H&H EMPLOYEE	$102.00

At this rate, there could be 400 oncology patients screened per year and 48 referrals to OT services. Additionally, at this rate, the hospital could profit ~$6,500 per year from these referrals if the patients participate in the OT evaluation.

For my outcome measurements, I used pre and post-test results. I created a questionnaire on Google Forms consisting of four questions and had the three social workers within the EMBRACE program fill them out before completing educational training. The possible choices on the Likert scale that the social workers could choose for each statement on the survey were: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. See Appendix B for pre-test data. See Table 4 below for pre and post-test results from the questionnaire.

Next, I created a PowerPoint educating the EMBRACE team on what OT is, OT's role in oncology, and how to administer the SOCS-OTS. I then made this PowerPoint into a VoiceThread due to having difficulties getting all of the staff in the same place at the same time. I then sent out the VoiceThread presentation and the post-test survey, which had the same

questions as the pre-test, along with one comment box asking for feedback on the training and if there are any improvements they would like to see on the training. See Appendix C for post-test data. See Table 4 below for pre and post-test date from the questionnaire.

Table 4

Statement	Average Percentage of EMBRACE Team that Strongly Agree (Pre-Test)	Average Percentage of EMBRACE Team that Strongly Agree (Post-Test)
"I have a good understanding of the OT profession"	33.3%	100%
"I understand the role of OT in oncology"	66.7%	100%
"I understand how to administer the Screen of Cancer Survivorship – Occupational Therapy Services (SOCS-OTS)	33.3%	100%
"I understand how to get a referral for OT services"	66.7%	100%

The comment box for the post-test asked, "What are your thoughts on the training that was completed? Are there any improvements that could be made to the training to help deepen your understanding of the SOCS-OTS?" All members of the EMBRACE team indicated that the training program was overall successful. The first comment stated, "Training was well done and easily understood." The second comment said, "Very well done!" The third comment stated, "The training was terrific! It was clear, thorough, comprehensive, and easy to follow, especially for those with an OT background. I am so grateful for the information and am committed to continuing our dedicated efforts to regularly screen our oncology patients and incorporate OT as part of their treatment journey through survivorship care. THANK YOU!"

Summary

For my project, I completed a needs assessment to guide my project, implemented the SOCS-OTS, discontinued the screening process, and worked on the sustainability of the use of the SOCS-OTS once I was no longer on site. For the needs assessment, I discussed the needs of the hospital and the EMBRACE program with the EMBRACE program director and the social workers who work within the EMBRACE program. I also talked with cancer survivors and discussed their needs and the issues they were facing.

Next, I discussed the referral process with the outpatient rehabilitation manager if there were to be patients that showed the need for OT services using the SOCS-OTS. After figuring out that a triage approach would work best, I began to screen cancer survivors using the SOCS-OTS. I screened 50 patients in 45 days and obtained six referrals for outpatient OT services. This number of referrals tripled the number of referrals in 60 days before implementing the SOCS-OTS. Also, I talked with the outpatient rehabilitation manager about the profits generated from referrals. I calculated that there was the potential for $804.00 generated from the six referrals if all of the patients participated in the OT evaluation. At this rate of screening patients, there could be 400 patients screened in one year. Additionally, at this rate of patient referrals, 48 patients could be referred to OT services in one year, bringing in ~$6,500 in profits.

Lastly, I created an educational training PowerPoint and VoiceThread for the EMBRACE social workers to view. This educational training presentation allowed the social workers to improve their knowledge of OT, OT's role in oncology, and how to administer the SOCS-OTS. Before the social workers viewed this training, I sent out a pre-test to assess their knowledge of these components before viewing the training. After they watched the training, I then sent out a post-test with the same questions with the addition of a comment box for feedback if there were any additional questions or information needed in this training. While looking at the differences

in responses from the pre and post-test, I was able to see that all three social workers' knowledge improved due to the educational training. By giving this training, the social workers will now be able to successfully administer the SOCS-OTS once I have left the site.

Conclusion

Over the past 14 weeks, I have learned and accomplished quite a few things. See Appendix D for weekly log of objective and tasks completed. I improved my interpersonal communication, advocacy, and time management skills, just to name a few. I worked closely with the EMBRACE team, which allowed me to understand the social work profession more clearly. I also was able to see the side effects of treatment and deficits that cancer survivors are facing firsthand. With the implementation of the SOCS-OTS, I was also able to obtain six referrals to outpatient OT services in 45 days, compared to the two referrals obtained in 60 days before the implementation of the SOCS-OTS. Additionally, with the referrals obtained, I doubled the possible profits generated from OT evaluations in the outpatient clinic.

Eskenazi Health, the EMBRACE program, and cancer survivors benefitted from this project. The cancer survivors treated at Eskenazi demonstrated potential for improved quality of life due to improved referrals to OT services. The hospital benefitted from improved OT referrals due to the improved potential profits generated from these referrals. Additionally, the EMBRACE program benefitted from this project because the social workers are now more knowledgeable about OT, OT's role in oncology care, and how to administer the SOCS-OTS. With the social workers trained to administer the SOCS-OTS, their program can also provide more holistic services to their patients.

Practitioners in oncology care can use the SOCS-OTS tool to identify activities that the client cannot perform to their satisfaction. OT practitioners, in particular, must continue to advocate for the OT profession and OT's role in oncology care. OT practitioners must also continue to talk with their oncology patients about how they are doing and if they have trouble with their daily activities. Otherwise, there might not be anybody else talking to them about these activities. Further work may need to be done on the SOCS-OTS to refine items or wording for particular items. Overall, OT practitioners must continue to advocate for the OT profession and their role in oncology care, as we can treat cancer survivors' physical and psychosocial needs, leading to improved quality of life.

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Appendix A

Screen of Cancer Survivorship – Occupational Therapy Services (SOCS-OTS)

Instructions: Please check all items that you would like assistance with improving.

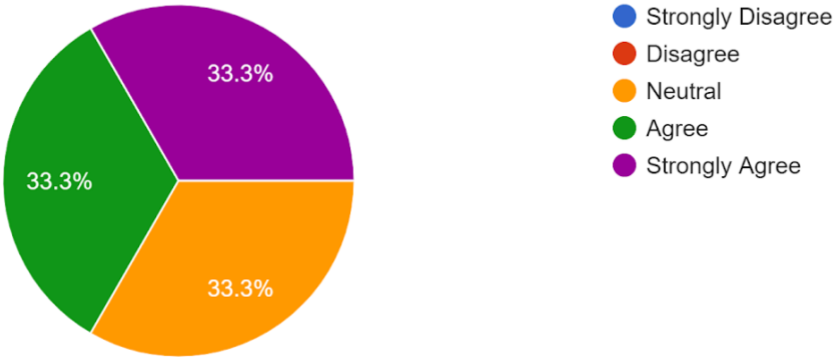
Item	Please check all that apply
Activities of Daily Living (ADL)	
Bathe and/or shower	
Engage in sexual activity and/or sexual expression (e.g., hugging, kissing, foreplay, masturbation, oral sex, intercourse)	
Engage in activities to give and receive affection needed to successfully interact in close personal relationships (e.g., friends, family members, intimate partners)	
Move self from one position or place to another (e.g., reaching, moving in bed, moving in wheelchair, performing transfers, walking during tasks and transporting items)	
Toilet and toilet hygiene	
Dress/undress (e.g., fasten and adjust clothing and shoes, remove personal devices/prosthetic devices/splints)	
Personal hygiene and grooming (e.g., using a razor, applying cosmetics, combing or brushing hair, caring for nails, applying deodorant, brushing/flossing teeth, denture care)	
Instrumental Activities of Daily Living (IADL)	
Provide care for others (e.g., childcare, caring for older parents, etc.)	
Drive and move around the community (e.g., using public or private transportation)	
Manage finances	
Clean my home	
Plan, prepare, serve and/or clean up meals	
Grocery shop (e.g., prepare grocery list, order online/go to store, bag groceries, unloading groceries, paying) [modified item	
Health Management	
Maintain my desired exercise routine and physical fitness	
Manage my medications (e.g. filling prescriptions at the pharmacy, understanding medication instruction, taking medications on a routine basis, refilling prescriptions in a timely manner)	
Manage my health (e.g., communicate with healthcare providers, understand recommendations for care plan, manage symptoms and conditions, etc.)	
Rest and Sleep	
Rest and sleep	
Work	
Engage in desired work performance and/or returning to work	
Leisure	
Participate in leisure activities	
Social Participation	
Socialize with my family and friends	

Appendix B

Pre-Test Results:

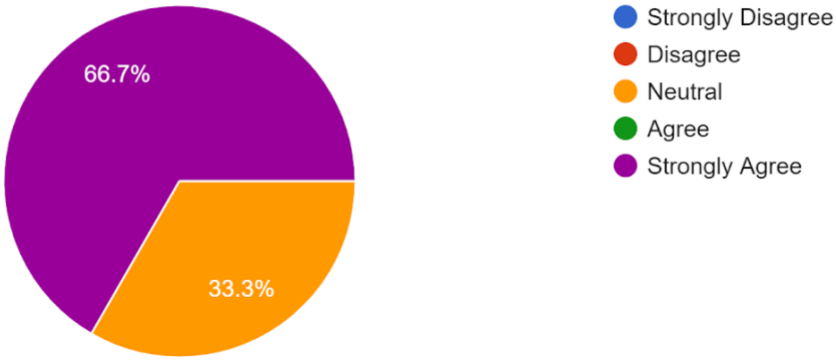
I have a good understanding of the OT profession

3 responses



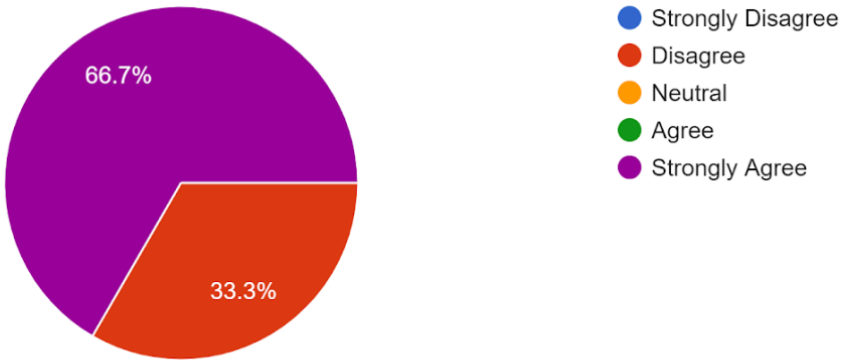
I understand the role of OT in oncology

3 responses



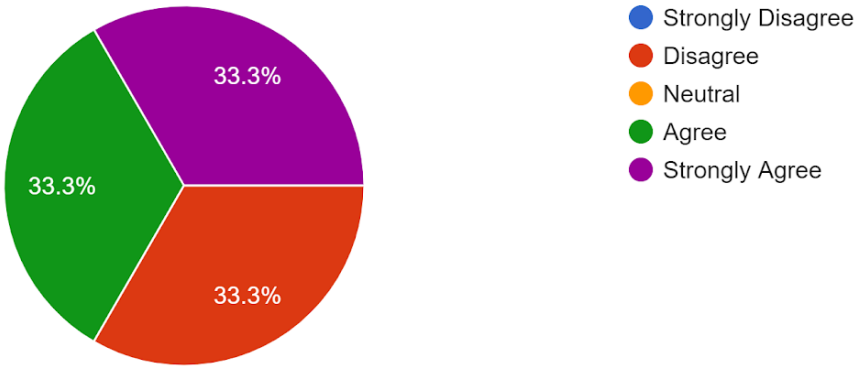
I understand how to get a referral for outpatient OT services

3 responses



I understand how to administer the Screen of Cancer Survivorship - Occupational Therapy Services (SOCS-OTS)

3 responses

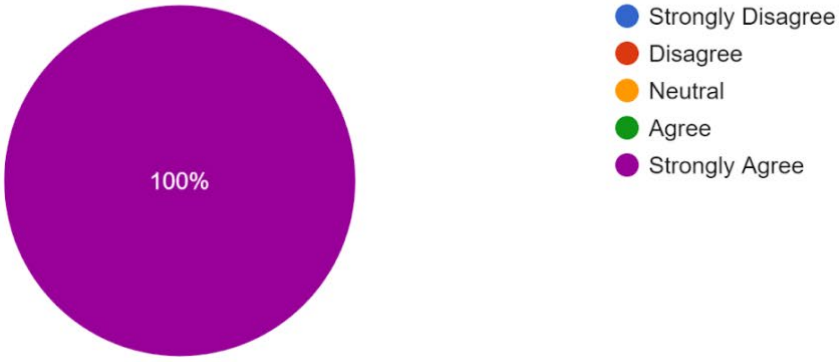


Appendix C

Post-Test Results:

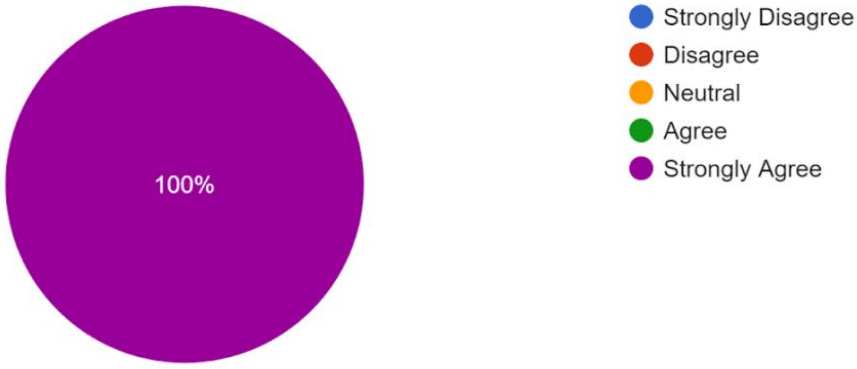
I have a good understanding of the OT profession

3 responses



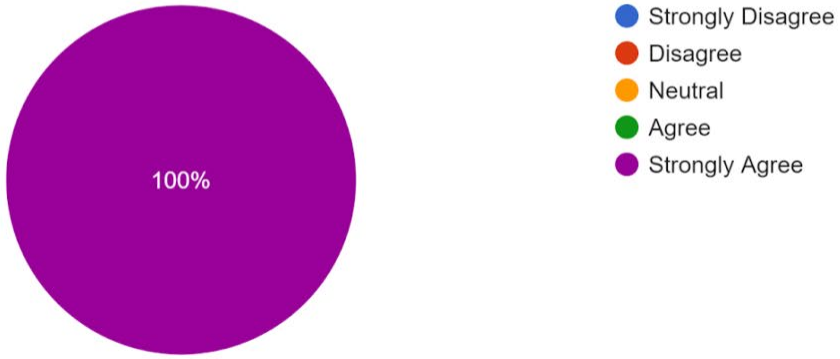
I understand the role of OT in oncology

3 responses



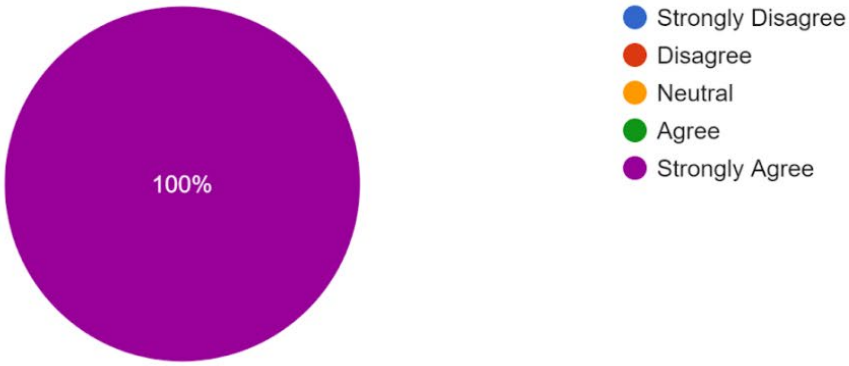
I understand how to administer the Screen of Cancer Survivorship - Occupational Therapy Services (SOCS-OTS)

3 responses



I understand how to get a referral for outpatient OT services

3 responses



What are your thoughts on the training that was completed? Are there any improvements that could be made to the training to help deepen your understanding of the OT profession or the SOCS-OTS?

3 responses

Training was well done and easily understood.

very well done!

The training was terrific! It was clear, thorough, comprehensive and easy to follow, especially for those without an OT background. I am so grateful for the information and am committed to continuing our dedicated efforts to regularly screen our oncology patients and incorporate OT as part of their treatment journey through survivorship care. THANK YOU!

Appendix D

Doctoral Capstone Experience and Project Weekly Planning Guide

Week	**DCE Stage** (orientation, screening/evaluation, implementation, discontinuation, dissemination)	Weekly Goal	Objectives	Tasks	Date complete
1	**Orientation** **Screening/Evaluation**	1) Complete orientation by the end of the week 2)Continue to work on Needs assessment	Meet with site student coordinator, site mentor, other site personnel, and the site participants to introduce myself and educate them on why I am here Understand site environment/where my work area is/dress code/ etc. Finalize questions for Needs Assessment	Ensure that all paperwork for orientation is complete Weekly staff meeting via phone call on Wednesday from 2-3 pm Set up recurring meeting with faculty mentor Begin to review literature Determine who to meet with and what questions to ask Set up meetings with key personnel (outpatient therapy manager, site mentor, social workers)	1/11 1/12 1/24 1/10 1/12 1/19
2	**Screening/Evaluation**	1)Begin to look at literature for outcome measure 2)Complete Needs assessment by end of the day Tuesday	Establish outcome assessment	Review outcome assessments with site mentor & faculty mentor Weekly staff meeting via phone call on Wednesday from 2-3 pm Talk with patients to better understand the	1/14, 1/24 1/19 1/20 1/21

				needs of cancer survivors Meet with outpatient OT manager	
3	**Screening/Evaluation**	1)Determine referral process	Establish outcome measure Work on introduction section of scholar report	Group meeting with outpatient OT manager, faculty mentor, and site mentor Weekly staff meeting via phone call on Wednesday from 2-3 pm Exploring literature on most common occupational performance deficits for patients with breast cancer, as well as cancer in general Finish introduction section of scholar report	1/28 1/26 1/28 1/28
4	**Implementation**	1)Begin to screen patients using the SOCS-OTS	Screen 3 people/day Work on background draft for scholar report	Meeting with faculty mentor Weekly staff meeting via phone call on Wednesday from 2-3 pm Discuss grants with site mentor, DeAnna Review literature on summative evaluation (outcome measure)	2/1 2/2 2/2 2/4 2/5

				Finish background draft for scholar report	
5	**Implementation**	1)Continue screening patients using SOCS-OTS	Screen 3 people/day Work on project design section for scholar report	Weekly staff meeting via phone call on Wednesday from 2-3 pm Roundtable meeting with Eskenazi Therapy Manager Finish project design section for scholar report	2/9 2/11 2/11
6	**Implementation**	1)Continue screening patients using SOCS-OTS	Screen 3 people/day	Weekly staff meeting via phone call on Wednesday from 2-3 pm Checking in with outpatient therapy manager	2/16 2/17
7	**Implementation**	1)Continue screening patients using SOCS-OTS	Screen 4 people/day	Weekly staff meeting via phone call on Thursday from 1-2 pm Review literature for triage approach model/FOR	2/24 2/25
8	**Implementation**	1)Continue screening patients using SOCS-OTS	Screen 4 people/day	Weekly staff meeting via phone call on Thursday from 1-2 pm Review literature for triage approach model/FOR Work on Model section of scholar report	3/3 3/4 3/4
9	**Implementation**	1)Continue screening	Screen 4 people/day	Meeting with faculty mentor	3/7 3/7

		patients using SOCS-OTS	Clarification of timeline for DCE Clarification of dissemination for DCE Clarification of outcome assessment details	Review literature for triage approach model/FOR Meeting with site mentor Checking in with outpatient therapy manager Weekly staff meeting via phone call on Thursday from 1-2 pm Work on Model section of scholar report	3/7 3/8 3/10 3/11
10	**Implementation**	1)Continue screening patients using SOCS-OTS	Screen 4 people/day Work on educational training PPT for EMBRACE staff on SOCS-OTS Gather materials to make folder for EMBRACE staff Work on project outcomes for scholar report	Calling patients to check in and see if anyone had reached out to them about scheduling an OT appointment Weekly staff meeting via phone call on Thursday from 1-2 pm Finish up parts of project outcomes that I can complete	3/15 3/17 3/18
11	**Discontinuation/Wrapping Up**		Set-up dates/times for discussions and presentations Finish pre/post-test surveys and clarify with faculty mentor Finish educational training PPT	Creating pre/post-test surveys on Google Forms Send out pre-test survey to EMBRACE staff Weekly staff meeting via phone call on Thursday from 1-2 pm	3/22 3/23 3/24 3/24

				Set up meeting with outpatient PT (working with oncology patients) to briefly discuss SOCS-OTS Finish educational training PPT for staff on OT and SOCS-OTS Make VoiceThread for educational training PPT for EMBRACE staff Meeting with faculty mentor about SOCS-OTS	3/24 3/25 3/25
12	**Discontinuation/Wrapping Up**		Finish as much as possible for dissemination PPT (waiting on post-test results) Work on scholar report	Send out VoiceThread to EMBRACE staff Send out post-test survey to EMBRACE staff Brief discussion with outpatient PT (working with oncology patients) to briefly discuss SOCS-OTS at 10 am Weekly staff meeting via phone call on Thursday from 1-2 pm Work on Outcomes, Abstract, Summary, and Conclusion for scholar report	3/28 3/28 3/31 3/31 4/1
13	**Dissemination/Wrapping Up**		Get post-test results from EMBRACE staff	Get final outcome measure from EMBRACE staff	4/4 4/6

			Disseminate project to EMBRACE staff Disseminate project to outpatient rehabilitation manager Work on scholar report	Dissemination to outpatient rehab manager Weekly staff meeting via phone call on Thursday from 1-2 pm Meeting with EMBRACE staff and LRD to discuss transportation issues Dissemination to EMBRACE staff from 3-3:30 pm Finish up Outcome section of scholar report Finish up Abstract, Summary, and Conclusion for scholar report	4/7 4/7 4/7 4/7
14	**Wrapping Up**		Work on UIndy DCE PPT Presentation Work on UIndy DCE Poster Work on UIndy DCE VoiceThread Complete faculty mentor/student final evaluations	Finish up UIndy DCE PPT Presentation Finish up UIndy DCE Poster Finish up UIndy DCE VoiceThread Finish up faculty mentor/student final evaluations Weekly staff meeting via phone call on Thursday from 1-2 pm	4/11 4/13 4/14 4/14 4/14